

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075614

Entity Name: MENCHRIS, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

C/O ESTHER Z BEJAR, CPA, PA
166 KENNEDY CAUSEWAY SUITE 309
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

C/O ESTHER Z BEJAR, CPA, PA
1666 KENNEDY CAUSEWAY SUITE 309
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

C/O ESTHER Z BEJAR, CPA, PA
166 KENNEDY CAUSEWAY SUITE 309
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

C/O ESTHER Z BEJAR, CPA, PA
1666 KENNEDY CAUSEWAY SUITE 309
NORTH BAY VILLAGE, FL 33141

FEI Number: 20-1769224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENENDEZ, MARK
5225 COLLINS AVENUE, UNIT 1207
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INVERSIONES JUCAMA., S.L.
Address: 5225 COLLINS AVENUE, UNIT 1207
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK MENENDEZ

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date